



General Application Form

Some of the things in this form won't apply to you — please leave them blank.

Name		Date	
Date of Birth		Age	
Are you a UK or Irish citizen?	Y N	Are you entitled to Housing Benefit?	Y N
Current Benefits		Amount	£
N.I. Number		Contact phone number	
Prison or Location		Prison A-Number	
Earliest release or parole date		Latest release date	

Joining Walk

Either before you join us or as soon as you arrive, we will interview you to discuss your needs and future plans.

Please explain why you would like to join Walk.

Contact Details

Your current address		Notice period on your property	
Solicitor		Contact details	
Community Offender Manager		Contact details	
Other useful contact (e.g. Pastor, POM, drugs worker, etc.)		Contact details	

Your Dependants

Next of Kin		Address	
Phone		Email	
Relationship	N/A Wife or long-term partner Girlfriend Other		
Children	How Many?		Ages
Other dependants			

Prison and Offending

Length of current sentence or tariff		Sentence type	Fixed EDS Life IPP
Index Offence			
Is this your first prison sentence?	Y N	If 'N', how many times have you been in prison?	
Do you have any current charges, investigations or court dates?			
Previous Convictions			
Arson	Y N	Sex Offences	Y N

Your Health

Do you suffer from any infectious diseases (e.g., Hep C, HIV or TB)?		Do you suffer from any allergies or food intolerances?	
Do you have any other health conditions (e.g., diabetes or high blood pressure)?			
Have you ever been diagnosed with a mental health condition?			
Do any of the following apply to you?	Autistic spectrum ADD ADHD		

CONFIDENTIAL

Have you ever been identified with a personality disorder (PD)?			
Current prescribed medication		How much?	How often?

Detox

Are you on a maintenance or detox script?	Y N	What type?	
		Dose?	
Prescribing agency		Agency contact	
How much alcohol do you drink (if any)?		Which street drugs are you using (if any)?	

Education and Work

What is your educational level?	Never went to school education in prison high school college/ university		
What sort of work have you done previously			
What is your occupation in prison			
<p>All Walk participants will do voluntary work. Walk works closely with local employers to move participants into paid work and off benefits where possible.</p>			

When you are released

Will you be under licence or Post Sentence Supervision (“top up”)?	Y N	Please give details	
Will you be under public protection arrangements (MAPP)?		Will you be under any other type of restriction or supervision?	
Will you be on a tag?	Y N	If ‘Y’, what kind of tag?	

Your Faith

Would you describe yourself as a Christian?	Y N		
Why?			
Have you attended church in the past?		Church name?	
Leader's name		May we contact him or her?	
Walk is a Christian organisation. You don't have to be a believer to come, but you must be open to the discussion and observance of faith, for example in attending church and Bible studies.			
Do you agree to this?	Y N		

Information Sharing and Signature

We will need to request further information about you from other agencies who work with you. For example:

- We might need to ask your doctor or prescriber for more details about your medication.
- We will need to ask probation or the prison for a risk report.

Providing this information helps us to decide whether Walk can meet your support needs and help us to determine the right type of support. It may also help us to safeguard other residents.

I [give] or [do not give] my consent to the sharing of information with the Walk Project.

Candidate's signature X..... **Date**.....

Candidate's name (PRINT)